PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

AD6799 US NA Attorney Docket No. 0 First Inventor Samuel L. Samuels

for new nonprovisional applications under 37 C.F.R. 1.53(b))

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Title	Elastomeric	Balloon Support Fabric	8. 54. 57.
Evores	ss Mail Label N	o. EU161568067US (mailed 2/25/02)	3 <u>8</u>
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Only for new nonprovisional approvision						
APPLICATION ELEMENTS	ASSISTANT Commissioner for Patents Box Patent Application Washington, DC 20231					
See MPEP chapter 600 concerning utility patent application contents. 1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 28] I perferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C.113) [Total Sheets 11] 5. Oath or Declaration [Total Pages 1] 5. Oath or Declaration [Total Pages 1] Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other:					
TON shade appropriate how and suppl	the requisite information below and in a preliminary amendment,					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation Continuation-in-part (CIP) Of prior application No: Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
17. CORRESPO	IDENCE ADDRESS					
Customer Number or Bar Code Label 239						
Name						
Address						
City State	Zip Code					
Country Telephone	Fax					
Name (Print/Type) Craig H. Evans	Registration No. (Attorney/Agent) 31,825					
Signature	Date 25 February 2002					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231



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	Complete if Known			
FEE TRANSMITTAL	Application Number			
for FY 2002	Filing Date	Concurrently Herewith		
	First Named Inventor	Sam L. Samuels		
Patent fees are subject to annual revision.	Examiner Name			
Applicant Claims small entity status. See 37 CFR 1.27	Group / Art Unit			
TOTAL AMOUNT OF PAYMENT (\$) 1262	Attorney Docket No.	AD6799 US NA		

Check Credit card Money Order Other None 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee	METHOD OF PAYMENT (check all that apply)						FEE C	ALCULATION (continued)	·
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Account Name E. I. du Pont de Nemours and Company Name The Commissioner is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account FEE CALCULATION 1. BASIC FILING FEE Large Entity ☐ Small Entity ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account 1. BASIC FILING FEE Large Entity ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account 1. BASIC FILING FEE Large Entity ☐ Small Entity ☐ Charge fee(s) indicated below, except for the filing fee ☐ Fee Fee Fee Fee Description ☐ Code (\$)	Deposit [139	130	139	130		
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2. EXTRA CLAIM FEES Extra Fee from Fee below Paid 126 180 126 180 Submission of Information Disclosure Strint Submission of Information Disclosure 123 50 123 50 123 50 Processing fee under 37 CFR 1.17(q)			\neg						
2. EXTRA CLAIM FEES Extra	SUBTOTAL (1) (\$) 740								
Extra Fee from below Paid Total Claims 35 -20 = 15 X 18 = 270 Independent Claims 6 -3 = 3 X 84 = 252 Multiple Dependent Large Entity Small Entity Fee Fee Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 104 280 204 140 Multiple dependent claims in excess of 3 104 280 204 140 Multiple dependent claims in excess of 20 109 84 209 42 "Reissue claims in excess of 20 and "Reissue			<u> </u>	-					
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**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0	**or number previ	**or number previously paid, if greater, For Reissues, see above				asic Filin	ng Fee Pa	aid SUBTOTAL (3) (\$) 0	

SUBMITTED BY Complete (if applicable)								
Name (Print/Type)	Craig H. Evans	$\overline{}$	Registration No. Attorney/Agent)	31.825	Telephone	302-992-3219		
Signature	Com	EI	~		Date	February 25, 2002		

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